

CHANGE OF ADDRESS

Please mail Change of Address Information to:

SRS/DBHS
Parent Fee Program
915 SW Harrison, 9th Floor West
Topeka, KS 66612

Email address:

ParentFee@srs.ks.gov

Family ID

This appears in the upper right-hand corner on the monthly invoice.

Name

First

MI

Last

Enter name as it appears on the monthly invoice.

OLD Address

Street

PO Box, if applicable

City

State

Zip Code

NEW Address

Street

PO Box, if applicable

City

State

Zip Code

Change

Effective Date

MM/DD/YYYY

The person submitting this form states that he or she is the person who is responsible for the invoices of the above referenced Family ID

Person Submitting Request

Date Submitted